REQUEST FOR PATENT FEE REFUND					
1 Date of Request: 6 · 3 · 05 2 Serial/Patent # 10 52172>					
3 Please refund the following fee(s):		4 PAF	ER IBER	5 DATE FILED	6 AMOUNT
Filing					\$
Amendment					\$
Extension of Time					\$
Notice of Appeal/Appeal		•			\$
Petition					\$
Issue					\$
Cert of Correction/Terminal Disc.					\$
Maintenance					\$
Assignment					\$
Other					\$ 100.06
		7 TOTAL AMOUNT OF REFUND			\$ 100.00
		8 TO BE REFUNDED BY:			
10 REASON:			Treasury Check		
Overpayment		Credit Deposit A/C #:			
Duplicate Payment			8. (1 1	050
No Fee Due (Explanation):					
·					
11 REFUND REQUESTED BY:					
TYPED/PRINTED NAME: AMON DYNIER					Lategal
SIGNATURE: Xana Hitz			P	ноие: <u>308</u>	· 9140 ×201
OFFICE:					
THIS SPACE RESERVED FOR FINANCE USE ONLY:					
APPROVED:			E: _		

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance Refund Branch Crystal Park One, Room 802B